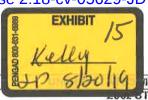
Exhibit 24

Case 2:18-cv-05629-JDW Document 93-27 Filed 01/14/22 Page 2 of 5



3 (2) 37 37 2

FOR INTERNATIONAL MEDICAL STUDENTS/GRADUATES REGISTERED BY

THE EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES
TELEPHONE: (215) 386-5900 INTERNET: www.sefmg.org

MAILING INSTRUCTIONS:

US · MLE

via regular mail to: Educational Commission for Foreign Medical Graduates PO.Box 820992 Philadelphia, PA 19182-0992 USA

<u>OR</u>

via courier service to: ECFMG c/o PNC Lockbox 820992 Route 38 & Eastgate Drive Moorestown, NJ 08057 USA S 0 0 L 2

NOTE: All Items on all pages of the application must be filled out completely for initial and reexamination or application will be rejected.

Use typewriter or print carefully in ink using uppercase letters.

PART A - BIOGRAPHICAL INFORMATION

1. ECFMG® EXAMINATION HISTORY: Have you ever submitted an application to ECFMG for any example and the submitted and the	mination, even if you did not take the a	examination?
If yes, complete either 1.A or 1.B: 1.A Enter your USMLE/ECFMG Identification Number:		3 Check here If you do not know vour number.
		your number.
2. NAME:	this is realizated	
CHARLES	Middle Name	EISEIIIII
OLUWAFEMIII		
Last Name (Surname/Family Name)		
2.1 PREVIOUS/MAIDEN NAME:		
First Name	Middle Name	
Last Name (Surname/Family Name)	and a such a	······································
2.2 NAME ON MEDICAL DIPLOMA (Pertains to gradu		
CIPIA KILIEDI I I I I I I I I I I I I I I I I I I	Middle Name	
OLIUWAFEMIL		
Last Name (Surname/Family Name)		
Note: See Instructions If this name is different from the name y	ou entered in item 2.	
3. CONTACT INFORMATION:		
A Street Address/Post Office Box	TREAMSIDE	DE1166
R Address Continued		
5 /HAITHERSBURGI	TITIII MI	ARYLANDI
S City (Include Postal Code as required for non-USA/non-Canadia	n address.) State	/Province
Zip/Postal Code Country	514	
Prin Bill Ballan	264 535111	0 11121 1277 11101
Country Code City/Area Code Telephone Number	City/Area Code	Fax Number
E-MAIL ADDRESS: (PRINT CLEARLY) Charles	oluwatemi (a. Ho	tmail: com:
4. U.S. SOCIAL SECURITY AND/OR NATIONAL IDEN	TIFICATION NUMBERS:	
U.S. Social Security Number National Identificati		untry
5. BIRTHDATE/BIRTHPLACE:	Location: City: LAGOS	,
Day O Month O 3 Year 1967	Province: LAGOS	Country: NIGERIA
6. GENDER: 7. NATIVE LANGUAGE:		
Talling California California		And the second s
APPLICATION FORM 1049-W, August 2001	Page 1 of 5	*ECFMG 2001 All Rights Reserved

ECFMG-000116

Name OLUWAFEMI CHÂRL (Last, First, Middle – as entered in Item 2)	=S UGBERNESEEN	ler your USMLE/EC mber, if one has be	CFMG Identification en assigned to you:			
8. CITIZENSHIP:	**************************************	19. 1	ETHNICITY: Provision of the following information			
Maria n			is voluntary. See Instructions for details.			
8.1 At Birth: USA or XI Other (Specify) 101101101101101101101101101101101101101			American Indian/ Alaskan Native 4 Black (not of Hispanic Origin)			
8.2 Upon Entering Medical School: USA or Other (Specify)			Asian/Pacific Islander 5 White (not of Hispanic Origin)			
8.3 Now: USA or Other (S	pecify) NIZERIAN	3	Hispanic 6 Other			
F	ART B — KEGISTRAT	ION INFORM	ATION			
10. EXAMINEES WITH DOCUMENTE						
covered under the Americans with Disabilities	Act. I am requesting test accord	nmodations for th	e exam(s) selected below. 🔲 Yes 💢 No			
11. STEP 1: Fill in completely one circ	le each for eligibility period	and testing reg	jion.			
11.1 Eligibility Period select one:	11.2 Testing Region s	elect one:	11.3 Fees			
O November 1, 2001 - January 31, 2002*	REGION	EURCHARGE	11.3.1 Step 1			
O December 1, 2001 - February 28, 2002*	United States and Canad		11.3.1 Step 1			
O January 1, 2002 - March 31, 2002*	O Africa	\$110 \$110	STEED AND NOTES			
O February 1, 2002 – April 30, 2002	O Australia	\$110				
O March 1, 2002 - May 31, 2002	O China	\$110				
April 1, 2002 June 30, 2002	(For Hong Kong, select Asia testing	mgion.)	11,3.2 International			
O May 1, 2002 July 31, 2002	O Europe	\$140	Test Delivery			
O June 1, 2002 – August 31, 2002	O Indonesia	\$110	Surcharge + 00			
O July 1, 2002 – September 30, 2002	O Japan	\$270	(For United States			
O August 1, 2002 – October 31, 2002	O Korea	\$140	and Canada, enter \$0.)			
O September 1, 2002 – November 30, 2002	O Latin America	\$110				
October 1, 2002 - December 31, 2002	Middle East (For Tel Aviv, select Europe testing	(region.) \$110	11.3.3 Step 1 6 / / / 6			
*USMLE Step 1/Step 2 are not offered	O Taiwan	\$140	Subtotal = \$ 6 95 . 0 0			
during the first two weeks of January.	O Thailend	\$110				
12. STEP 2: Fill in completely one circ	In an all the annual and	4				
12. OTEL 2. The fit completely one one	e each for eligibility period	and testing req				
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PART C — MEDICAL EDUCATION, LICENSURE AND EMPLOYMENT INFORMATION 15. MEDICAL SCHOOL NAME AND ADDRESS: List the exact name and address of the medical school from which you graduated or expect to graduate. Official Name of Medical School INVERSITY OF BAAA Street Address OR ITA OFFICIAL SCHOOL INFORMATION: Attendance Dates: From MONTH VEAR Date you graduated (or expect to graduate): MONTH VEAR Date your medical diploma was issued (or is expected to be issued): Refer to the "Reference Guide for Medical Education Gradefallas" on pages 45-48 of the 2002 Information Booklet for the list of medical degrees required by ECFMG. 15.2 STATUS OF MEDICAL SCHOOL STUDENT — Must be completed by all students: If you are applying for Step 1, will you have completed 2 years of medical school by the beginning of your requested deficially enrolled and will you be officially enrolled and wi
List the exact name and address of the medical school from which you graduated or expect to graduate. Official Name of Medical School Information In
Street Address Cliv BADAA Country State/Pzov/nge University Name (if applicable) 15.1 MEDICAL SCHOOL INFORMATION: MONTH YEAR MONTH NUMBER NUMBER NUMBER NUMBER Number of Years Attended: 5 JLCI MONTH YEAR MONTH Number of Years Attended: 5 JLCI MONTH YEAR Number of Years Attended: 5 JLCI MONTH YEAR MUNTH Number of Years Attended: 5 JLCI MONTH YEAR MUNTH Number of Years Attended: 5 JLCI MONTH YEAR Number of Years Attended: 5 JLCI MONTH Numbe
Country State Postal Code Calculate Postal Code Postal Code Calculate Postal Code Posta
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15.1 MEDICAL SCHOOL INFORMATION: Attendance Dates: From MONTH YEAR to MONTH YEAR WINDIGHT YEAR Date you graduated (or expect to graduate): MONTH YEAR Title of Medical Degree you received or will receive Refer to the "Reference Guide for Medical Education Credentilats" on pages 45-48 of the 2002 Information Bookiet for the list of medical degrees required by ECFMG. 15.2 STATUS OF MEDICAL SCHOOL STUDENT — Must be completed by all students: If you are applying for Step 1, will you have completed 2 years of medical school by the beginning of your requested eligibility period (see PART B, 11.1) and are you now officially enrolled and will you be officially enrolled at the time you take the exam? Check yes or no: If you are applying for Step 2, will you be within 12 months of completion of the formal didactic curriculum at your medical school by the beginning of your requested eligibility period (see PART B, 12.1) and are you now officially enrolled and will you be officially enrolled at the time you take the exam? Check yes or no: 15.3 MEDICAL SCHOOL DIPLOMA — Must be completed by all graduates: If you have graduated from medical school, you must include one photocopy of your medical diploma if you have not sent one previously. If you graduated from medical school but your medical diploma has not yet been issued, you must submit with your application a letter signed by your Medical School Dean, Vice Dean or Registrar that confirms you graduated from medical school, have met all requirements to receive your medical diploma and states the date your medical diploma is different from the name on your medical diploma must match the name you entered in item 2. If the name on your medical diploma is different from the name you entered in item 2, you must submit legal documentation that verifies the name on your medical diploma. (See "Provision of Credentilals and Translations" on page 34 of the 2002 Information Bookiet.)
Attendance Dates: From Month Year to Month Year Month Year
■ Date your medical diploma was issued (or is expected to be issued): Title of Medical Degree you received or will receive Refer to the "Reference Guide for Medical Education Credentials" on pages 45-48 of the 2002 Information Booklet for the list of medical degrees required by ECFMG. Title of Medical Degree you received or will receive Refer to the "Reference Guide for Medical Education Credentials" on pages 45-48 of the 2002 Information Booklet for the list of medical degrees required by ECFMG. Title of Medical Degree you received or will receive Refer to the "Reference Guide for Medical Education Credentials" on pages 45-48 of the 2002 Information Booklet for the list of medical degrees required by ECFMG. Title of Medical Degree you received or will receive Refer to the "Reference Guide for Medical Education Credentials" on pages 45-48 of the 2002 Information Booklet for the list of medical degrees required by ECFMG. Title of Medical Degree you received or will receive Refer to the "Reference Guide for Medical Education For the list of medical digibility period (see PART B, 11.1) and are 2002 Information Booklet for the list of medical digibility period (see PART B, 11.1) and are you now officially enrolled at the time you take the exam? Check yes or no: Yes
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15.2 STATUS OF MEDICAL SCHOOL STUDENT — Must be completed by all students: If you are applying for Step 1, will you have completed 2 years of medical school by the beginning of your requested eligibility period (see PART B, 11.1) and are you now officially enrolled and will you be officially enrolled at the time you take the exam? Check yes or no: If you are applying for Step 2, will you be within 12 months of completion of the formal didactic curriculum at your medical school by the beginning of your requested eligibility period (see PART B, 12.1) and are you now officially enrolled and will you be officially enrolled at the time you take the exam? Check yes or no: 15.3 MEDICAL SCHOOL DIPLOMA — Must be completed by all graduates: If you have graduated from medical school, you must include one photocopy of your medical diploma if you have not sent one previously. If you graduated from medical school but your medical diploma has not yet been issued, you must submit with your application a letter signed by your Medical School Dean, Vice Dean or Registrar that confirms you graduated from medical school, have met all requirements to receive your medical diploma and states the date your medical diploma will be Issued. Additionally, the name on your medical diploma must match the name you entered in Item 2, you must submit legal documentation that verifies the name on your diploma is/was your name. (See "Provision of Credentials and Translations" on page 34 of the 2002 Information Booklet.) Graduates must check one:
If you are applying for Step 1, will you have completed 2 years of medical school by the beginning of your requested eligibility period (see PART B, 11.1) and are you now officially enrolled and will you be officially enrolled at the time you take the exam? Check yes or no: If you are applying for Step 2, will you be within 12 months of completion of the formal didactic curriculum at your medical school by the beginning of your requested eligibility period (see PART B, 12.1) and are you now officially enrolled and will you be officially enrolled at the time you take the exam? Check yes or no: 15.3 MEDICAL SCHOOL DIPLOMA — Must be completed by all graduates: If you have graduated from medical school, you must include one photocopy of your medical diploma if you have not sent one previously. If you graduated from medical school but your medical diploma has not yet been issued, you must submit with your application a letter signed by your Medical School Dean, Vice Dean or Registrar that confirms you graduated from medical school, have met all requirements to receive your medical diploma and states the date your medical diploma will be issued. Additionally, the name on your medical diploma must match the name you entered in item 2. If the name on your medical diploma is different from the name you entered in Item 2, you must submit legal documentation that verifies the name on your diploma is/was your name. (See "Provision of Credentials and Translations" on page 34 of the 2002 Information Booklet.) Graduates must check one:
If you are applying for Step 1, will you have completed 2 years of medical school by the beginning of your requested eligibility period (see PART B, 11.1) and are you now officially enrolled and will you be officially enrolled at the time you take the exam? Check yes or no: If you are applying for Step 2, will you be within 12 months of completion of the formal didactic curriculum at your medical school by the beginning of your requested eligibility period (see PART B, 12.1) and are you now officially enrolled and will you be officially enrolled at the time you take the exam? Check yes or no: 15.3 MEDICAL SCHOOL DIPLOMA — Must be completed by all graduates: If you have graduated from medical school, you must include one photocopy of your medical diploma if you have not sent one previously. If you graduated from medical school but your medical diploma has not yet been issued, you must submit with your application a letter signed by your Medical School Dean, Vice Dean or Registrar that confirms you graduated from medical school, have met all requirements to receive your medical diploma and states the date your medical diploma will be Issued. Additionally, the name on your medical diploma must match the name you entered in item 2, you must submit legal documentation that verifies the name on your diploma is/was your name. (See "Provision of Credentials and Translations" on page 34 of the 2002 Information Booklet.) Graduates must check one:
If you are applying for Step 2, will you be within 12 months of completion of the formal didactic curriculum at your medical school by the beginning of your requested eligibility period (see PART B, 12.1) and are you now officially enrolled and will you be officially enrolled at the time you take the exam? Check yes or no: 15.3 MEDICAL SCHOOL DIPLOMA — Must be completed by all graduates: If you have graduated from medical school, you must include one photocopy of your medical diploma if you have not sent one previously. If you graduated from medical school but your medical diploma has not yet been issued, you must submit with your application a letter signed by your Medical School Dean, Vice Dean or Registrar that confirms you graduated from medical school, have met all requirements to receive your medical diploma and states the date your medical diploma will be issued. Additionally, the name on your medical diploma must match the name you entered in item 2. If the name on your medical diploma is different from the name you entered in item 2, you must submit legal documentation that verifies the name on your diploma is/was your name. (See "Provision of Credentials and Translations" on page 34 of the 2002 Information Booklet.) Graduates must check one:
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must include one photocopy of your medical diploma if you have not sent one previously. If you graduated from medical school but your medical diploma has not yet been issued, you must submit with your application a letter signed by your Medical School bean, Vice Dean or Registrar that confirms you graduated from medical school, have met all requirements to receive your medical diploma and states the date your medical diploma will be issued. Additionally, the name on your medical diploma must match the name you entered in item 2. If the name on your medical diploma is different from the name you entered in item 2, you must submit legal documentation that verifies the name on your diploma is/was your name. (See "Provision of Credentials and Translations" on page 34 of the 2002 Information Booklet.) Graduates must check one:
A have graduated from medical school and am enclosing one photocopy of my medical diploma. I have graduated from medical school and have previously submitted to ECFMG one photocopy of my medical diploma. I have graduated from medical school, but my medical diploma has not yet been issued. I am enclosing a letter from my medical school that
confirms I graduated, have met the requirements to receive my medical diploma and states the date my medical diploma will be issued. Note: ECFMG requires a copy of the original language medical diploma or letter from the medical school. If the medical diploma is not in English, you must also submit an official English translation. Your application will be rejected if you graduated from medical school and have not submitted a photocopy of your medical diploma or a letter from your medical school that confirms your graduation (as described above).
16. OTHER MEDICAL SCHOOL(S) ATTENDED — Continue on a separate sheet of paper, if necessary: List the names, addresses and dates of attendance of all other medical schools you attended.
Official Name of Medical School
Street Address
City State/Province Postal Code
Country University Name (if applicable)
Attendance Dates; From / / to / / YEAR to / MONTH YEAR
16.1 TRANSFER CREDITS: Did you transfer academic credits from any school(s) to the medical school that conferred or will confer your medical degree? If Yes, Indicate on a separate sheet of paper the name of the school(s) from which the credits were transferred, the number of credits transferred and the course titles for all credits transferred.
17. MEDICAL LICENSURE: Date you received an unrestricted license or certificate of full registration to practice medicine:
Country or state in which you are licensed: NIGERIA
18. EMPLOYMENT: Position(s) Dates
Institution/Company GENERAL HOSPITAL MEDICAL OFFICER DEC 1998-
Street Co. L. Co. L.
PART C CONTINUES ON PAGE 6. Page 4 of 5

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Name: DLUWAFEN (Last, First, Middle – as a	11 C.1+A-R.1 (-5)	UGBE KAESE	Enter your USMLE/EC Number, If one has be	en assigned to you:		-[_]
PART C - M	EDICAL EDUCATION	ON, LICENSURE	AND EMPLOYM	ENT INFORM	ATION (Continued)	
19. CERTIFICATION B	Y APPLICANT: Stude	ents and graduates must cal School Dean, Vice Dea	sign the application in the	presence of their A below.)		
if a graduate cannot sign the application form in the presence of	polication form in the presen	nce of a medical school	official noted above, he/sl	ne must slop the		
In writing why the application form Application forms are to be maile	could not be signed in the pro d to ECFMG from the office	esence of a medical school of the official or notary w	ol official. (See 19.2.B,1 be no witnesses the applican	low.) t's signature. All		
Information on the application for Graduetes.	m is subject to verification a	nd acceptance by the Ed	ucational Commission for	Foreign Medical	144 A 16 7	
I hereby certify that I currently r accurate to the best of my knowled	meet the examination eligibility	y requirements and that it	ne information in this applie	cation is true and		
I also certify and acknowledge registering [PART B, 11.1 and 1: contents of both publications, most	that I have read the appropria	ate edition (that which peation Booklet and USML)	rtains to the eligibility perion E Bulletin of Information,	nd for which I am am aware of the		
I understand that (1) faisificat	ion of this application, or (2)) the submission of any encies, or (4) the giving	falsified documents to EC or receiving of aid in the	FMG, or (3) the examination as		
evidenced either by observation other participants in that examine	at the time of the examination	n or by statistical analysi induct that subverts or att	s of my answers and thos empts to subvert the exam	e of one of more	1200	
may be sufficient cause for ECFA and/or invalidate the results of my	MG to bar me from the exami	ination, to terminate my p certificate, to revoke a cer	articipation in the examina tificate, or to take other as	ation, to withhold propriate action.	Seal or stamp of official	Continue of
(See page 24 of the 2002 Informal i understand that the Slandard	ECFMG Certificate and any	and all copies thereof re	main the property of ECF	MG and must be	must cover a part of	
returned to ECFMG if ECFMG de issued in error.					attached photo and a part of application	
I hereby authorize the Educati application, or information that me or agency, to any hospital or to an	lonal Commission for Foreig ay otherwise become avaligb!	on Medical Graduates to to ECFMG, to any fede	fransmit any information rai, state or local governm	contained in this ental department	form.	
or agency, to any hospital or to an information.	y other organization or individ	Jual who, in the judgment	of ECFMG, has a legitimat	e interest in such	TOMODIA	VI-5
Signature of Applicant (In L.	atin Characters) X (Signa	iture must match full legal	dame as given in PART A-	2.)	Day Month Year	16
19.2.A CERTIFICATION BY	MEDICAL SCHOOL OFF	ICIAL (Must be com	pleted for medical sch	ool students):		datas
accurately apply to the	individual named above, an	nd that this individual is:	(must check one)	officially enrolled in	medical school and attendance of a graduate of the insti	tution
	affixed the medical school School Official (In Latir		rtion of the photograph a	bove.		
Signature of medical	Oblivoi Dinoidi (in cau	TONATORIO A			Day Month Year	
OR Print Name and Official T	Tille (In Latin Characters wit	th English translation, w	here applicable.)	Institution		-
I portification on the date	IDENTIFICATION WITH	at named shove did anny	er personally before me	and that I did identify	this applicant by: (a) comparing i	nis/her
physical appearance was applicant's signature ma	ith the photograph on the id ade in my presence on this t	lentifying document pres form with the signature o	ented by the applicant ar in his/her identifying doc	d with the photograp ument. The statemen	th affixed hereto, and (b) comparints in this document are subscribe	ng the
sworn to before me by	the applicant on this/	3_ day, of the mon	h of MARCH	, in the year	ar 2002	
X Signature of Consular	Official, First Class Magistrat	te. Notary Public (in Latin (Characters with English trans	lations, where applicabl	e.) Official Title	-1
19 2 B.1 EXPLANATION (P	ertains to graduates onl	(v) - Explain in the sp	ace below why the app	lication could not be	signed in the presence	2
of your Medical Sch time you submit an	nool Dean, Vice Dean or R application to ECFMG or	Registrar. This explana your application will be	tion must be acceptable rejected.	e to ECFMG and m	ust be provided each S	0
Non alla	cranteed	mailing	SUSTAIN.		I.M	0
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20. CLINICAL CLERK						
SURCERY	Hospital/Clinic		cation (exact address)	Supervising P		701
MEDICINE	CEN IT OSP		·	DR TEMI		197
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· · · · · · · · · · · · · · · · · · ·	PART D OTH	HER EXAM HIST	ORY AND APPLI	CANT NUMBE	RS 8/97-12/9	7.
21. OTHER EXAM HIS	TORY and APPLICA	ANT NUMBERS:	T-10 100 00			
Check below the organizatio was administered to you and	ins (other than ECEMG) to	to which you previously that was assigned to you	ou by that organizatio	ons. Enter the date n.		
NATIONAL BOARD OF MEDICAL EXAMINERS	Applicant Identification Number	NBME Parts I/I		Date of Mos Examination		
(i)	Applicant Identification Number		Steps 1/2 -	Date of Mos Exemination		П
STATE LICENSING AUTHORITY IN THE	FIN – Federation	FLE PLE	<u>*</u>	Date of Mos		
UNITED STATES	Melitricanou Maliine		e 5 of 5	Examinatio	HI FANCII.	- territ

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